

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ottawa County Health Dept.  
1856 E. Perry St.  
Port Clinton, OH 43452  
Case 20-cv-01948



9590 9402 4800 8344 3223 43

## 2. Article Number (Transfer from service label)

7018 1830 0002 1852 5560

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Debbie Richmond

☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

20CV1948

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

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First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 4800 8344 3223 43

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Clerk's Office  
114 US Courthouse  
1716 Spielbusch Ave.  
Toledo, OH 43604

FILED

OCT 29 2020

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
TOLEDO

